

Institution/Division Name
Forensic Services Group
Employee Name and Address
James Hanchett 25 Kenneth Road Easthampton, MA 01027

Employee Reimbursement Form

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Employee ID # 115560	Employee or Contractor Title Forensic Scientist V	Bargaining Unit Unit 9	Appropriation 80000106	Unit 2530	Object B02
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Document Total:\$	Reconciliation Date:	Schedule Pay Date:	Budget FY 2013	FY 2013
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Date	Description	Odometer Readings		Total Miles	Amount	Meals	Fares	Hotel	Other Expenses	Total Expenses
		Beginning	Ending							
01/23/13	Mileage from Springfield to and from Sudbury Lab	136,751	136,894	143	\$ 64.35				2.50	\$ 66.85
01/24/13	Mileage from Springfield to and from Sudbury Lab	136,914	137,057	143	\$ 64.35				2.50	\$ 66.85
01/28/13	Mileage from Springfield to and from Sudbury Lab	137,112	137,256	144	\$ 64.80				2.50	\$ 67.30
01/29/13	Mileage from Springfield to and from Sudbury Lab	137,276	137,419	143	\$ 64.35				2.50	\$ 66.85
01/30/13	Mileage from Springfield to and from Sudbury Lab	137,439	137,582	143	\$ 64.35				2.35	\$ 66.70
Total										\$ 267.85

Employee's Certification: I herby certify under the penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties of the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement.

Employee's Signature: _____

Supervisor's Approval:	Title:	Date:
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Fiscal Verification:	Title:	Date:
Fiscal Approval:	Title:	Date:
Entered Into HR/CMS By:	Title:	Date:

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Supervisor's Approval:		Title:	Date:
Fiscal Verification:		Title:	Date:
Fiscal Approval:		Title:	Date:
Entered Into HR/CMS By:		Title:	Date: